

ISSUE SUMMARY TABLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		4/3	6/26/01
FORMALITY REVIEW	TH	1118	8-09-01
RESPONSE FORMALITY REVIEW	A-M	580	10-11-01
	X	886	02-10-03

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions
 staple additional sheet here

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BEST AVAILABLE COPY

530
 08-10-01
 830
 02/11/03